Docket No.

247512US2S

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

Akira UMEZAWA, et al.

SERIAL NO: 10/753,324

GAU:

FILED:

January 9, 2004

**EXAMINER:** 

FOR:

SEMICONDUCTOR MEMORY DEVICE INCLUDING MOS TRANSISTORS EACH HAVING A FLOATING

GATE AND A CONTROL GATE

# INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

SIR:

Applicant(s) wish to disclose the following information.

#### REFERENCES

$\boxtimes$	The applicant(s) wish to make of record the references listed on the attached form PTO-1449. Copies of the listed
_	references are attached, where required, as are either statements of relevancy or any readily available English
	translations of pertinent portions of any non-English language references.

☐ A check or credit card payment form is attached in the amount required under 37 CFR §1.17(p).

#### RELATED CASES

П	Attached is a list of applicant's pending application(s) or issued patent(s) which may be related to the present
_	application. A copy of the patent(s), together with a copy of the claims and drawings of the pending application(s)
	is attached along with PTO 1449.

☐ A check or credit card payment form is attached in the amount required under 37 CFR §1.17(p).

### CERTIFICATION

- ☐ Each item of information contained in this information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of
- ☐ No item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned, having made reasonable inquiry, was known to any individual designated in 37 CFR §1.56(c) more than three months prior to the filing of this statement.

# DEPOSIT ACCOUNT

Please charge any additional fees for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to deposit account number 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.

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Customer Number

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conformance and not considered. Include copy of this form with next communication to applicant.										